Risk Assessment Form v1.0

Risk Assessment Number:		Task/Activity assessed:					
Name/job role of peo	ple consulted during			Date of Assessment:		Review Date:	
	Acknowledgements, Sign off and Authorisation						
		Acknowledgement			Name	Signature	Date
Risk Assessor:	By signing this risk assessment assessment in the best of my	ent, I acknowledge my responsibility as the probabilities.	e Risk Assessor for conducting	this risk			
Checked by: (where required)	By signing this risk assessme virtue of scrutiny and commo	ent, I acknowledge my responsibility as the n sense.	e checker for this risk assessme	ent, by			
Authorising Person:	By signing the risk assessme reviewing and approving this involved parties (as appropriation)	int, I acknowledge my responsibility as the risk assessment and communicating cont ate).	Event leader/Team Leader/Pr rols and any additional controls	resident for s to all			
Tasks/Operational steps/Sub tasks/Events:	Significant hazards – • What could happen and why?	 Who is affected and how – Who might be hurt? How bad could it reasonably be? 	(Consequence x ac Likelihood = Total)		Are additional controls needed?		
						E TOTAL	Y/N (If Yes, RAMP required)
			•				
			•				
			•				
			•				
			•				
			•				
			•				
			•				
			•				
			•				
Tasks/Operational	Significant hazards	Who is affected and how?	What are your existing	g controls?	Ex	isting Risk Rating	Are

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ps/Sub ks/Events:	COVID-19 — What could happen and why?	 COVID-19 – Who might be hurt? How bad could it reasonably be? 			quence x d = Total)	additional controls needed? Y/N (If Yes, RAMP required)
			•			
			•			
			•			
			•			

Emergency Planning Arrangements relating to operations/event

Brief description of activity this RA applies to

ALL COVID-19 RELATED NFORMATION NEEDS TO BE TRUE FOR THE TIME OF THE EVENT, NOT THE ISSUING OF THE RISK ASSESSMENT

Risk Rating Matrix

RISK MATRIX					
Consequence Likelihood	Negligible (1)	Minor (2)	Medium (3)	Major (4)	Severe (5)
Almost Certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Possible (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Very Unlikely (1)	1	2	3	4	5

CONSEQUENCE (considered WITH controls in place)				
5	Severe	Fatality (ies) Severe or chronic illnesses or permanent life changing impact		
4	Major	Injury such as fracture of bones, dislocation, or acute ill health e.g. occupational asthma, occupational dermatitis		
3	Medium	An injury that requires first aid treatment and subsequent treatment by health care professional No lost time illnesses and no chronic/acute health effects		
2	Minor	An injury that requires basic first aid treatment such as administering a plaster, individual able to continue at work e.g. minor cuts, bruising, abrasions, strains or sprains		
1	Negligible	Superficial or no physical injury or health effects		

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Rating		Interpretation	Authorisation		
	≤ 6 = Low Risk	Acceptable but ensure that controls are maintained	Event Manager or equivalent		
	9 -12 = Medium Risk	Adequate but look to improve if reasonably practicable	President / VP / Line Manager or equivalent		
	15 – 25 = Unacceptable Risk	STOP activity and make immediate improvements	District Health and Safety officer		

LIKELIHOOD (considered WITH controls in place)				
5	Almost Certain	Will occur/greater than a likelihood of 1 in 1(yr.)		
4	Likely	Known to occur/probably occurs most circumstances/No greater than a likelihood of 1 in every 10		
3	Possible	Might occur /no greater than a likelihood of 1 in 1000		
2	Unlikely	 Not likely/could occur at some time/no greater than a likelihood of 1 in 10,000 		
1	Very Unlikely	May only occur in exceptional circumstances/no greater than a likelihood of 1 in 100,000		